

Understanding RVUs

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Objectives

- Understand terminology
- Understand what relative value units are
- Understand Military Health System RVUs, the basis of Prospective Payment System
- Understand how you earn relative value units
- Understand how to apply relative value units

Terminology – Coding Systems

- ICD-9-CM – International Classification of Diseases, 9th Revision, Clinical Modifications
 - Used for clinical purposes
 - Used to show medical necessity
 - Procedures in volume 3 used to reflect inpatient institutional work for various procedures
 - Used to assign Diagnosis Related Group (institutional inpatient component)

Terminology – Coding Systems

- CPT – Current Procedural Terminology
 - Professional services, inpatient and outpatient
 - 99201-99499 Evaluation and Management
 - 0xxxx – Anesthesia
 - 1xxxx-6xxxx – Surgical Procedures
 - 7xxxx Diagnostic Imaging
 - 8xxxx Laboratory/Pathology
 - 9xxxx Medical procedures

Terminology – Coding Systems

- Healthcare Common Procedure Coding System
 - Both institutional and professional services codes
 - Both inpatient and outpatient codes
 - Supplies, equipment, procedures, services

Terminology – Professional Services

- Professional
 - Inpatient – coded with CPT, have relative value units (RVUs)
 - Outpatient – coded with CPT, have relative value units
 - Some HCPCS are professional services

Terminology – Institutional Services

- Institutional
 - Inpatient – measured with Diagnosis Related Groups (about 500 of them)
 - DRG are weighted using **Relative Weighted Products (RWP)**
 - Outpatient – measured in civilian sector with Ambulatory Payment Classifications (APCs)
 - Usually see associated with Outpatient Prospective Payment System (OPPS)
 - Some HCPCS are institutional

Birth of an RVU

- RVUs are Professional and Practice Expenses associated with a Professional Services/CPT
- Provider-patient interaction (usually)
- Documented
- Coded with a
 - Current Procedural Terminology (CPT)
 - Evaluation and Management (E&M)
 - Surgical Procedure
 - Other Procedure
 - Healthcare Common Procedural Coding System (HCPCS)
 - Not all, many are durable equipment or supplies
- Look up the code in the RVU table

Example

- Patient seen in ER after getting in a fight with a Thanksgiving Turkey
- ER doctor documents ER visit to include 4 stitches in palm of left hand and tetanus shot
- Coded with 99282-25, 12002-LT, 90703, 90471

Example

Code	WORK RVU	Fac PE RVU	Institutional
99282 ER visit	0.55	0.15	flat rate
12002 stitches	1.86	0.93	1.09
90703 tetanus	0	0	0
90471 injection	0	0	0
	2.41	1.08	1.09+FR

Relative Value Units Are Only Part of What You Do

- Lots of what you do is not “codable”
 - Hall way consults
 - Effectiveness reports/civilian appraisals
 - Extra time spent consoling a bereaved patient
 - Shoveling snow/picking up debris after hurricanes/tornados
 - Discussing an AD mental health with his/her Commander
 - Participating on MEBs
 - Reviewing and returning consults for more info
 - Reviewing charts only to have the patient no show
 - Waivers/PHA/pre- and post deployment briefs
 - Quality assurance (over reading EKGs)
 - Preparing and giving talks at grand rounds
 - Medical inprocessing
 - Overseas clearances
 - ADAPT

Relative Value Units Are Only Part of What You Do

- Lots of what you do may be “codable” but that doesn’t mean there are RVUs
 - E-mail
 - Signing forms for insurance/handicapped parking
 - Prenatal/diabetic/cardiac rehab/tobacco cessation teaching
 - Photorefractive keratectomy (PRK)
 - SARC
 - Tattoo removal using laser

Relative Value Units Are Only Part of What You Do

- Lots of what you do may be codable, but is not in your B MEPRS
 - Inpatient surgeries/rounds
 - Inpatient care “downtown”
 - Treadmills
 - Telemedicine (particularly store and forward)
 - Work you do manning assist (it is in someone else’s B MEPRS) - but you get the other guy’s work in yours

Relative Value Units Are Only Part of What You Do

- Some may have RVUs in one RVU system, but not in another
 - Telephone consults (MHS has)
 - Obstetrical codes (CMS has all in 594xx, MHS has some; CMS doesn't for 0500F/0501F/0502F/0503F, MHS has RVUs)
 - Psychological testing (not in CMS, but in MHS)

Relative Value Units

- Multiple RVU systems
 - MHS
 - Work RVUs, EAS IV RVUs
 - Simple, Adjusted
 - PPS Work RVU, PPS Facility RVU
 - Individual Work RVU, Organizational Work RVU
 - CMS
 - Work RVUs
 - Practice Expense RVUs
 - Malpractice RVUs
 - Ingenix

RVUs depend on where you look

- Worldwide Workload Report (WWR) and Medical Expense and Performance Reporting System (MEPRS)
- No intensity-adjusted workload measures in either WWR or MEPRS
- Only “count” visits
- Common “non-counts” in B (outpatient clinic) MEPRS are:
 - Nurse/tech encounters
 - Some telemedicine
 - Reading EKGs
- RVUs in non-B MEPRS
 - A-MEPRS – inpatient surgeries, rounds
 - C-Dental
 - D-Lab and radiology professional components, anesthesia base units, EKGs
 - F-Immunizations; Hearing Conservation; Air Force civilian and VA hospital rounds, surgeries, procedures

RVUs depend on where you look

- **Standard Ambulatory Data Record (SADR)**
 - Feed from the Ambulatory Data Record (created in the Ambulatory Data Module of CHCS and a feed from CHCSII goes to the ADM in CHCS to create the various feeds, such as the SADR and the Third Party Outpatient Collection System)
 - Does not include
 - Quantities (two breaks in the same bone, multiples of time sensitive codes such as psychologic testing...)
 - Modifiers (bilateral, postoperative care only...)

RVUs depend on where you look

- ALL MHS **professional services** are collected in the ADM, and found on your server
 - A subset forms the SADR, which is what HQ uses
 - A subset forms the TPOCS feed, which is what billing uses

RVUs are NOT part of the RWP

- RVUs are NOT a reflection of inpatient nursing/technician/facility costs
 - Those are Relative Weighted Products (RWP)
 - Each Diagnosis Related Group (DRG) has an RWP
- Professional services (i.e., doctors' rounds and procedures for inpatients) are not part of an RWP

RVUs are NOT part of the RWP

- Billing. In the MHS, we take the DRG price, add 4% (based on MEPRS portion of A-MEPRS collected from privileged providers) and bill the professional component with the institutional DRG
 - Because, most MTFs aren't even close in coding professional inpatient services so we would not know what to bill
- BOTTOM LINE: Have folks record MEPRS properly!!!

MHS Unique RVUs

- From the RVU table, for all global procedures having a 10 or 90 day post operative period, multiply the intraoperative portion by the “work” RVU – this is called “Global Surgical Adjusted”
- Provider Specialty Code 000-904, does not include Provider Specialty Codes for “clinics”
- Multiple physicians = both receive credit for PPS work and Organizational
- Count/non-count not a consideration

MHS Unique RVUs

- Use Ingenix table adjusted for MHS
- Health Care Summary Record RVU weight table in the MDR
- Uses all MEPRS

MHS Unique RVUs - Simple

- Sum of “global surgical adjusted” Physician work RVUs without discounting. 100% of sum of all the weights.
- 1st E&M (notice, not 2nd, or 3rd as not in feed)
- 1, 2, 3, 4 Procedure (notice, not modifiers or quantities or 5th, 6th... as not in feed)

MHS Unique RVUs - Adjusted

- Not using “global surgical adjusted” – using the full CPT RVU for a procedure with a 10 or 90 day post operative period
- 100% of the highest weighted item, 50% of each additional procedure

MHS Unique RVUs – PPS/Individual/Organizational

- E&M not included if there is a procedure unless:
 - Procedures are on list of approximately 150 minor procedures for which CMS allows credit in conjunction with the E&M
 - Procedure codes with E&M are ALL HCPCS level II or begin with “9”

MHS Unique RVUs – PPS Work RVU

- Use “global surgical adjusted” Physician work RVU without discounting
- 100% of all weights, summed
- Sum x # of physicians on the record (based on provider specialty code)
 - Can’t use M2 as only primary provider on record
 - Must pull from MDR
- Used by MHS to allocate funding for ambulatory care

MHS Unique RVUs – PPS Facility RVU

- Use “global surgical adjusted” Non-facility practice expense RVU without discounting
- 100% of all weights, summed
- Used by MHS to allocate funding for facility burden of care

MHS Unique RVUs – Individual Work RVU

- Use “global surgical adjusted” Physician Work RVU **with** discounting
- 100% of highest weighted RVU and 50% of remaining RVUs, summed
- Tallies production for a single provider

MHS Unique RVUs – Organizational Work RVU

- Use “global surgical adjusted” Physician work RVU **with** discounting
- 100% of highest weight RVU and 50% of remaining RVUs, summed
- Multiply by number of physicians based on provider specialty code
 - Must use MDR as SADR only has the primary provider
- Tallies production workload for a clinic or higher

Relative Value Units are:

- A way to compare resources used to produce a product
- Examples of products are:
 - Office visits
 - Excision of a lesion
 - Delivering a baby

Examples

HCPCS	MO D	Work RVUS	EAS IV RVUS	30 CHARACTER DESC
99201	00	0.45	0.95	OFFICE/OUTPATIENT VISIT, NEW
99202	00	0.88	1.67	OFFICE/OUTPATIENT VISIT, NEW
99203	00	1.34	2.47	OFFICE/OUTPATIENT VISIT, NEW
99204	00	2.00	3.51	OFFICE/OUTPATIENT VISIT, NEW
99205	00	2.67	4.47	OFFICE/OUTPATIENT VISIT, NEW

HCPCS	MO	DESCRIPTION	FULLY IMPLEMENTED	FULLY IMPLEMENTED	FULLY IMPLEMENTED	FULLY IMPLEMENTED		
			WORK	NON-FAC	FACILITY	MP		
			RVU	PE RVU	PE RVU	RVU	TOTAL	TOTAL
99201		Office/outpatient visit, new	0.45	0.50	0.16	0.02	0.97	0.63
99202		Office/outpatient visit, new	0.88	0.79	0.32	0.06	1.73	1.26
99203		Office/outpatient visit, new	1.34	1.13	0.48	0.10	2.57	1.92
99204		Office/outpatient visit, new	2.00	1.51	0.71	0.12	3.63	2.83
99205		Office/outpatient visit, new	2.67	1.80	0.95	0.14	4.61	3.76

Which RVU to Use

- TMA Prospective Payment System
 - MHS RVUs
 - Compensated for lack of modifiers, quantities, multiple providers
- AF BDQAS
 - CMS, fully implemented non-facility total
- Compare to Civilian Sector
 - CMS or Ingenix

Relative Value Units - CMS

- <http://www.cms.hhs.gov/providers/pufdownload/rvudown.asp>
- Download the **CY 2005** in .ZIP (**requires UNZip** software)
- **RVU05A_R.zip** 1.6MB zip file -- Requires UNZIP software -- 2005 revision file -- The revision includes the changes identified in the forthcoming CR3595.
- These are not the MHS RVUs
- Send me an e-mail and I'll send you the 4MB file of MHS RVUs

“Resources” included in CMS RVUs

- “Work” – time spent by a privileged provider
- “Practice Expense” – supplies, equipment, support staff
- Institutional Expense – the building to include utilities, parking lot maintenance...
- Malpractice expense

CMS RVU Table

- 1. Work - physician/privileged provider time**
- 2. Non-facility Practice Expense - building, equipment, nurses, techs**
- 3. Facility Practice Expense - nurses, techs**
- 4. Malpractice - malpractice**
- 5. Non-facility Total - Work + Non-Fac PE + Malpractice**
- 6. Facility Total - Work + Fac PE + Malpractice**

- Fac Tot = “25 RVU/day”
- Non-Fac Tot = used for billing

What is in the columns?

<u>DATA ELEMENT</u>	<u>LOCATION</u>	<u>COBOL PIC</u>	<u>DESCRIPTION</u>
Status Code	58-58	x(1)	Indicates whether the code is in the fee schedule and whether it is separately payable if the service is covered. See Attachment A for description of values. Only RVUs associated with status codes of "A", "R ", or "T", are used for Medicare payment.
Not Used for Medicare	59-59	x(1)	An "+" in this field Indicates that the relative value units are not used for Medicare payment purposes.
Payment Purposes Indicator			
Work RVU	60-65	999.99	Relative Value Unit (RVU) for the physician work in the service as published in the 10/31/03 and 1/7/04 Federal Register Fee Schedule for Physicians Services for CY 2004.

What is in the columns?

Fully Implemented Non-Facility Practice Expense RVU	72-77		999.99	Relative Value Unit (RVU) for the fully-implemented resource based practice expense for the non-facility setting, as published in the 10/31/03 and 1/7/04 Federal Register Fee Schedule for Physicians Services for CY 2004.
Non-Facility NA Indicator	78-79	X(2)		An "NA" in this field indicates that this procedure is rarely or never performed in the non-facility setting.
Filler	80-84	X(5)		
Fully Implemented Facility Practice Expense RVU	92-97		999.99	Relative Value Unit (RVU) for the fully implemented resource based practice expense for the facility setting, as published in the 10/31/03 and 1/7/07 Federal Register Fee Schedule for Physicians Services for CY 2004.
Filler	98-100	X(3)		
Facility NA Indicator	101-102	X(2)		An "NA" in this field indicates that this procedure is rarely or never performed in the facility setting.

What is in the columns?

Malpractice RVU		104-109		999.99		RVU for the malpractice expense for the service as published in the 10/31/03 and 1/7/04 Federal Register Fee Schedule for Physicians' Services for CY 2004.
Total Fully Implemented Non-Facility RVUs		110-115		999.99		Sum of work, fully implemented non-facility practice expense, and malpractice expense RVUs.
Filler		117-122		X(6)		
Total Fully Implemented Facility RVUs		124-129		999.99		Sum of work, fully implemented based facility practice expense, and malpractice RVUs.

2004 National Physician Fee Schedule Relative Value File

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HCPCS	MO	DESCRIPTION	NOT USED	FULLY		FULLY		FULLY	FULLY			
			FOR	IMPLEMENTED	NON-FAC	IMPLEMENTED	FACILITY	IMPLEMENTED	IMPLEMENTED			
			STATUS	MEDICARE	WORK	NON-FAC	NA	FACILITY	NA	MP		
		REVISED 5/07/2004	CODE	PAYMENT	RVU	PE RVU	INDICATOR	PE RVU	INDICATOR	RVU TOTAL	TOTAL	
93510		Left heart catheterization	A		4.32	39.26		39.26	NA	2.57	46.15	46.15
93510	TQ	Left heart catheterization	A		0.00	37.08		37.08	NA	2.30	39.38	39.38
93510	26	Left heart catheterization	A		4.32	2.18		2.18		0.27	6.77	6.77
99173		Visual acuity screen	N		0.00	0.00		0.00		0.00	0.00	0.00
99175		Induction of vomiting	A		0.00	1.40		1.40	NA	0.10	1.50	1.50
99183		Hyperbaric oxygen therapy	A		2.34	4.75		0.72		0.14	7.23	3.20
99185		Regional hypothermia	A		0.00	0.64		0.64	NA	0.04	0.68	0.68
99186		Total body hypothermia	A		0.00	1.79		1.79	NA	0.45	2.24	2.24
99190		Special pump services	X		0.00	0.00		0.00		0.00	0.00	0.00
99191		Special pump services	X		0.00	0.00		0.00		0.00	0.00	0.00
99192		Special pump services	X		0.00	0.00		0.00		0.00	0.00	0.00
99195		Phlebotomy	A		0.00	0.44		0.44	NA	0.02	0.46	0.46
99199		Special service/proc/report	C		0.00	0.00		0.00		0.00	0.00	0.00
99201		Office/outpatient visit, new	A		0.45	0.50		0.16		0.02	0.97	0.63
99202		Office/outpatient visit, new	A		0.88	0.79		0.32		0.06	1.73	1.26
99203		Office/outpatient visit, new	A		1.34	1.13		0.48		0.10	2.57	1.92
99204		Office/outpatient visit, new	A		2.00	1.51		0.71		0.12	3.63	2.83

		NOT USED		FULLY		FULLY		FULLY		FULLY		
		FOR	Impl	NON-FAC	Impl	FACILITY		Imp	Imp			
REVISED 2/09/2004		STATUS	MEDICARE	WORK	NON-FAC	NA	FACILITY	NA	MP	NON-FAC	FACILITY	
HCPCS	MOD	DESCRIPTION	CODE	PAYMENT	RVU	PE RVU	INDICATOR	PE RVU	INDICATOR	RVU	TOTAL	TOTAL
99281		Emergency dept visit	A		0.33	0.09	NA		0.09		0.02	0.44
99282		Emergency dept visit	A		0.55	0.15	NA		0.15		0.04	0.74
99283		Emergency dept visit	A		1.24	0.31	NA		0.31		0.10	1.65
99284		Emergency dept visit	A		1.95	0.47	NA		0.47		0.14	2.56
99285		Emergency dept visit	A		3.06	0.72	NA		0.72		0.23	4.01
99288		Direct advanced life support	B		0.00	0.00			0.00		0.00	0.00
99289		Ped crit care transport	A		4.79	1.91	NA		1.91		0.17	6.87
99290		Ped crit care transport addl	A		2.40	0.83	NA		0.83		0.08	3.31
99291		Critical care, first hour	A		3.99	2.34			1.28		0.17	6.50
99292		Critical care, add'l 30 min	A		2.00	0.81			0.64		0.08	2.72
99293		Ped critical care, initial	A		15.98	4.96	NA		4.96		0.84	21.78
99294		Ped critical care, subseq	A		7.99	2.49	NA		2.49		0.28	10.76
99295		Neonate crit care, initial	A		18.46	5.39	NA		5.39		0.84	24.69

But Wait, There is MORE in CMS

			FULLY														
			Imp														
REVISED 2/09/2004			STATUS	FACILITY	PCTC	GLOB	PREP	INTRA	POST	MULT	BILAT	ASST	CO-	TEAM	ENDO	CONV	
HCPCS	MOD	DESCRIPTION			CODE	TOTAL	IND	DAY	SOP	OP	OP	PROC	SURG	SURG	SURG	SURG	BASE FACTOR
32445		Removal of lung	A		42.930		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	
32480		Partial removal of lung	A		38.530		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	
32482		Bilobectomy	A		40.760		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	
32484		Segmentectomy	A		35.160		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	
32486		Sleeve lobectomy	A		40.800		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	
32488		Completion pneumonectomy	A		43.350		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	
32491		Lung volume reduction	R		37.110		090	0.10	0.76	0.14	2	1	2	1	0	37.3374	
32500		Partial removal of lung	A		36.500		090	0.10	0.76	0.14	2	0	2	1	0	37.3374	

Global RVUs

- Provides time frames that apply to each surgical procedure.
- 000=Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable.
- 010=Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10 day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during the 10-day postoperative period generally not payable.
- 090=Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule amount.
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- MMM=Maternity codes; usual global period does not apply.
- XXX=The global concept does not apply to the code.
- YYY=The carrier is to determine whether the global concept applies and establishes postoperative period, if appropriate, at time of pricing.
- ZZZ=The code is related to another service and is always included in the global period of the other service.

Procedures – Discountable Surgical Procedures

Multiple procedure column of RVU table

0=No payment adjustment rules for multiple procedures apply.

1=If procedure is reported on the same day as another procedure that has an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 25%, 25%, 25%, and by report).

2=If procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, rank the procedures by fee schedule amount and apply the appropriate reduction to this code (100%, 50%, 50%, 50%, 50% and by report).

3=Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family

9=Concept does not apply.

Multiple procedures - Code the most expensive first, then code others.
-51 modifier for multiple procedures

45378		Diagnostic colonoscopy	A		3.69	6.04		1.58
45378	53	Diagnostic colonoscopy	A		0.96	2.20		0.52
45379		Colonoscopy w/fb removal	A		4.68	7.56		1.86
45380		Colonoscopy and biopsy	A		4.43	7.07		1.78
45381		Colonoscopy, submucous inj	A		4.19	8.14		1.69
45382		Colonoscopy/control bleeding	A		5.68	9.72		2.23
45383		Lesion removal colonoscopy	A		5.86	7.85		2.27
45384		Lesion remove colonoscopy	A		4.69	6.69		1.87
45385		Lesion removal colonoscopy	A		5.30	7.69		2.08

Anesthesia is Different

Carrier No.	Locality No.	Locality Name	2004
			Anesthesia CF
00510	00	Alabama	16.82
00831	01	Alaska	29.22
00832	00	Arizona	17.55
00520	13	Arkansas	16.29
31146	26	Anaheim/Santa Ana, CA	18.36
31146	18	Los Angeles, CA	18.51
31140	03	Marin/Napa/Solano, CA	17.75
31140	07	Oakland/Berkeley, CA	18.08
31140	05	San Francisco, CA	18.96
31140	06	San Mateo, CA	18.61
31140	09	Santa Clara, CA	18.64
31146	17	Ventura, CA	17.78
31146	99	Rest of California*	17.27
31140	99	Rest of California*	17.27
00824	01	Colorado	17.18
00591	00	Connecticut	18.39
00902	01	Delaware	17.67
00903	01	DC + MD/VA Suburbs	18.45

Locality Adjustment

Carrier No	Locality	Locality Name	Work	Practice expense	Mal - practice
510	0	Alabama	1	0.87	0.779
831	1	Alaska	1.67	1.67	1.67
832	0	Arizona	1	0.978	1.09
520	13	Arkansas	1	0.847	0.389
31146	26	Anaheim/Santa Ana, CA	1.037	1.184	0.955
31146	18	Los Angeles, CA	1.056	1.139	0.955
31140	3	Marin/Napa/Solano, CA	1.015	1.248	0.669
31140	7	Oakland/Berkeley, CA	1.041	1.235	0.669
31140	5	San Francisco, CA	1.068	1.458	0.669
31140	6	San Mateo, CA	1.048	1.432	0.663
31140	9	Santa Clara, CA	1.063	1.38	0.622
31146	17	Ventura, CA	1.028	1.125	0.763
31146	99	Rest of California*	1.007	1.034	0.74
31140	99	Rest of California*	1.007	1.034	0.74
824	1	Colorado	1	0.992	0.821
591	0	Connecticut	1.05	1.156	0.933
902	1	Delaware	1.019	1.035	0.802
903	1	DC + MD/VA Suburbs	1.05	1.166	0.917
590	3	Fort Lauderdale, FL	1	1.018	1.79
590	4	Miami, FL	1.015	1.052	2.399

How to Apply RVUs

- How much work did a doctor do?
- How much work did a family practice team do?
- If I have one AD Orthopedic Surgeon, where do I put her? Ft Wainwright or Sheppard
- Which care that is going to the network should I target

MEPRS

- Medical Expense Performance and Reporting System - you give us bad data, we make bad decisions
 - **AXXX - inpatient work, admit, rounds, discharge**
 - **BXXX - for your clinic work**
 - **EBCC - MTF committees (not staff meetings)**
 - **EKAA - MEBs - sitting on the boards**
 - **FALA - CME (pro staff usually)**
 - **GBAA - Readiness Training - Peace**
 - **GBBA - Readiness Training - War**
 - **GDAA - Deployed**
 - **GFAA - training for and doing the fitness test (sit-up, push-up, run, waist measurement) up to 3 hrs/week**

How to Apply

- Work RVUs/MEPRS Hours
- Work RVUS x Conversion Factor/ 18 days/month =
\$ earned / provider/month
- Compare RVUs to civilian sector (e.g., Optimized team = 25 Fac Tot RVU when you have 1 provider, 1 nurse, 2 med techs, 1 admin
 - Based on average in reporting university teaching facilities

But, Remember

Our data collection systems

-MHS Mart (M2) standard ambulatory data report (SADR) currently does not contain quantities and modifiers

- Quantity - 3 biopsies, 6 hours/adult critical care, 5 hrs CNS testing
- Modifiers - assistant at surgery, bilateral
- Some MEPRS do not feed

-Not currently able to collect anesthesia

Yoder's Rule of Thumb

- If you can't find a code
 - Step back
 - Would a PRIVILEGED provider in the civilian sector do this?
 - Prenatal counseling – nope, done by nurse
 - Would an insurance company pay for this?
 - Hallway consult
 - Researching literature to figure out a diagnosis
 - Cosmetic surgery
 - Is this only done for active duty
 - PHAs, pre- and post deployment briefings
 - Profiles and waivers

Objectives

- Understand terminology
- Understand what relative value units are
- Understand Military Health System RVUs, the basis of Prospective Payment System
- Understand how you earn relative value units
- Understand how to apply relative value units

Questions

- National Provider Identification (NPI)
 - Provider
 - Institutional
- HIPAA Taxonomy
 - Provider
 - Institutional

HCPCS	MOD	OWN	E R	R V U S	EAS IV	RV US	Work	30 CHARACTER DESC
10080	00	A		0.94	3.44	credit w/E&M	DRAINAGE OF PILONIDAL CYST	
10081	00	A		1.96	5.25	credit w/E&M	DRAINAGE OF PILONIDAL CYST	
11010	00	A		3.35	8.74	credit w/E&M	DEBRIDE SKIN, FX	
11011	00	A		4.94	12.97	credit w/E&M	DEBRIDE SKIN/MUSCLE, FX	
11012	00	A		6.87	18.88	credit w/E&M	DEBRIDE SKIN/MUSCLE/BONE, FX	
11740	00	A		0.37	1.22	credit w/E&M	DRAIN BLOOD FROM UNDER NAIL	
11760	00	A		1.26	2.74	credit w/E&M	REPAIR OF NAIL BED	
11981	00	A		1.48	3.22	credit w/E&M	INSERT DRUG IMPLANT DEVICE	
12001	00	A		1.36	2.96	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
12002	00	A		1.49	3.14	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
12004	00	A		1.79	3.68	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
12011	00	A		1.41	3.14	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
12013	00	A		1.59	3.44	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
12014	00	A		1.97	4.06	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
12015	00	A		2.55	5.10	credit w/E&M	REPAIR SUPERFICIAL WOUND(S)	
16000	00	A		0.89	1.75	credit w/E&M	INITIAL TREATMENT OF BURN(S)	
16020	00	A		0.80	2.11	credit w/E&M	TREATMENT OF BURN(S)	
16025	00	A		1.85	3.64	credit w/E&M	TREATMENT OF BURN(S)	
20103	00	A		4.23	7.54	credit w/E&M	EXPLORE WOUND, EXTREMITY	

21800	00	A	0.66	2.11	credit w/E&M	TREATMENT OF RIB FRACTURE
22310	00	A	1.80	5.17	credit w/E&M	TREAT SPINE FRACTURE
23600	00	A	2.02	5.98	credit w/E&M	TREAT HUMERUS FRACTURE
23605	00	A	3.35	7.90	credit w/E&M	TREAT HUMERUS FRACTURE
23615	00	A	6.44	12.44	credit w/E&M	TREAT HUMERUS FRACTURE
23620	00	A	1.66	5.24	credit w/E&M	TREAT HUMERUS FRACTURE
23625	00	A	2.70	7.07	credit w/E&M	TREAT HUMERUS FRACTURE
23630	00	A	5.06	9.61	credit w/E&M	TREAT HUMERUS FRACTURE
23650	00	A	2.33	5.57	credit w/E&M	TREAT SHOULDER DISLOCATION
23655	00	A	3.15	6.02	credit w/E&M	TREAT SHOULDER DISLOCATION
24500	00	A	2.21	5.94	credit w/E&M	TREAT HUMERUS FRACTURE
24530	00	A	2.41	6.13	credit w/E&M	TREAT HUMERUS FRACTURE
24640	00	A	0.96	2.50	credit w/E&M	TREAT ELBOW DISLOCATION
24685	00	A	6.07	11.25	credit w/E&M	TREAT ULNAR FRACTURE
25560	00	A	1.68	4.47	credit w/E&M	TREAT FRACTURE RADIUS & ULNA
25565	00	A	3.88	8.95	credit w/E&M	TREAT FRACTURE RADIUS & ULNA
25574	00	A	4.83	9.75	credit w/E&M	TREAT FRACTURE RADIUS & ULNA
25600	00	A	1.81	4.90	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
25605	00	A	4.00	9.54	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
25611	00	A	5.35	11.45	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
25620	00	A	5.89	10.92	credit w/E&M	TREAT FRACTURE RADIUS/ULNA
26010	00	A	1.23	5.77	credit w/E&M	DRAINAGE OF FINGER ABSCESS
26600	00	A	1.35	4.17	credit w/E&M	TREAT METACARPAL FRACTURE
26605	00	A	1.97	5.59	credit w/E&M	TREAT METACARPAL FRACTURE
26720	00	A	1.15	3.83	credit w/E&M	TREAT FINGER FRACTURE, EACH

26725	00	A	2.30	6.50	credit w/E&M	TREAT FINGER FRACTURE, EACH
26770	00	A	2.08	5.12	credit w/E&M	TREAT FINGER DISLOCATION
26775	00	A	2.55	6.59	credit w/E&M	TREAT FINGER DISLOCATION
26952	00	A	4.35	12.79	credit w/E&M	AMPUTATION OF FINGER/THUMB
27193	00	A	3.83	8.73	credit w/E&M	TREAT PELVIC RING FRACTURE
27235	00	A	8.38	14.86	credit w/E&M	PERCUT SKEL FIX OF FEMRL FRACT
27236	00	A	10.75	18.29	credit w/E&M	OPN TX FEM FX,PROX END,NCK,FIX
27244	00	A	10.98	18.75	credit w/E&M	TREAT FEMRAL FRAC W/PLATE/SCRW
27245	00	A	13.99	23.45	credit w/E&M	TREAT FEMRAL FRAC W/INTRAEDULL
27265	00	A	3.48	6.76	credit w/E&M	TREAT HIP DISLOCATION
27266	00	A	5.16	9.49	credit w/E&M	TREAT HIP DISLOCATION
27506	00	A	12.02	20.78	credit w/E&M	TREATMENT OF THIGH FRACTURE
27520	00	A	1.97	5.58	credit w/E&M	TREAT KNEECAP FRACTURE
27530	00	A	2.60	6.66	credit w/E&M	TREAT KNEE FRACTURE
27750	00	A	2.20	5.91	credit w/E&M	TREATMENT OF TIBIA FRACTURE
27759	00	A	9.48	16.60	credit w/E&M	TREATMENT OF TIBIA FRACTURE
27780	00	A	1.83	5.22	credit w/E&M	TREATMENT OF FIBULA FRACTURE
27808	00	A	1.95	5.87	credit w/E&M	TREATMENT OF ANKLE FRACTURE
27822	00	A	7.58	14.91	credit w/E&M	TREATMENT OF ANKLE FRACTURE
27840	00	A	3.15	5.84	credit w/E&M	TREAT ANKLE DISLOCATION
28190	00	A	1.57	6.78	credit w/E&M	REMOVAL OF FOOT FOREIGN BODY
28450	00	A	1.31	4.12	credit w/E&M	TREAT MIDFOOT FRACTURE, EACH
28515	00	A	1.01	2.62	credit w/E&M	TREATMENT OF TOE FRACTURE
29105	00	A	0.87	2.05	credit w/E&M	APPLY LONG ARM SPLINT
29125	00	A	0.59	1.58	credit w/E&M	APPLY FOREARM SPLINT

29126	00	A	0.77	1.96	credit w/E&M	APPLY FOREARM SPLINT
29130	00	A	0.50	0.95	credit w/E&M	APPLICATION OF FINGER SPLINT
29131	00	A	0.55	1.28	credit w/E&M	APPLICATION OF FINGER SPLINT
29240	00	A	0.71	1.57	credit w/E&M	STRAPPING OF SHOULDER
29260	00	A	0.55	1.30	credit w/E&M	STRAPPING OF ELBOW OR WRIST
29280	00	A	0.51	1.32	credit w/E&M	STRAPPING OF HAND OR FINGER
29505	00	A	0.69	1.84	credit w/E&M	APPLICATION, LONG LEG SPLINT
29515	00	A	0.73	1.58	credit w/E&M	APPLICATION LOWER LEG SPLINT
29530	00	A	0.57	1.37	credit w/E&M	STRAPPING OF KNEE
29590	00	A	0.76	1.26	credit w/E&M	APPLICATION OF FOOT SPLINT
29799	00	A	0.00	0.00	credit w/E&M	CASTING/STRAPPING PROCEDURE
30300	00	A	0.83	4.70	credit w/E&M	REMOVE NASAL FOREIGN BODY
30901	00	A	1.21	2.57	credit w/E&M	CONTROL OF NOSEBLEED
30903	00	A	1.54	4.34	credit w/E&M	CONTROL OF NOSEBLEED
30905	00	A	1.97	5.54	credit w/E&M	CONTROL OF NOSEBLEED
30906	00	A	2.45	6.41	credit w/E&M	REPEAT CONTROL OF NOSEBLEED
31500	00	A	2.33	2.88	credit w/E&M	INSERT EMERGENCY AIRWAY
31515	00	A	1.80	5.51	credit w/E&M	LARYNGOSCOPY FOR ASPIRATION
31641	00	A	5.02	7.14	credit w/E&M	BRONCHOSCOPY, TREAT BLOCKAGE
31720	00	A	1.06	2.51	credit w/E&M	CLEARANCE OF AIRWAYS
32020	00	A	3.97	5.42	credit w/E&M	INSERTION OF CHEST TUBE
33010	00	R	2.24	3.20	credit w/E&M	DRAINAGE OF HEART SAC
33010	26	R	0.00	0.00	credit w/E&M	DRAINAGE OF HEART SAC
33010	32	R	0.00	0.00	credit w/E&M	DRAINAGE OF HEART SAC
33025	00	A	10.14	15.51	credit w/E&M	INCISION OF HEART SAC

33210	00	R	3.30	4.55	credit w/E&M	INSERTION OF HEART ELECTRODE
33210	26	R	0.00	0.00	credit w/E&M	INSERTION OF HEART ELECTRODE
33210	32	R	0.00	0.00	credit w/E&M	INSERTION OF HEART ELECTRODE
33967	00	A	4.84	6.69	credit w/E&M	INSERT IA PERCUT DEVICE
34201	00	A	8.41	12.99	credit w/E&M	REMOVAL OF ARTERY CLOT
36000	00	R	0.18	0.78	credit w/E&M	PLACE NEEDLE IN VEIN
36000	26	R	0.00	0.00	credit w/E&M	PLACE NEEDLE IN VEIN
36000	32	R	0.00	0.00	credit w/E&M	PLACE NEEDLE IN VEIN
36406	00	R	0.18	0.48	credit w/E&M	DRAWING BLOOD
36406	26	R	0.00	0.00	credit w/E&M	DRAWING BLOOD
36406	32	R	0.00	0.00	credit w/E&M	DRAWING BLOOD
36410	00	R	0.18	0.48	credit w/E&M	VP,AGE 3/,>,REQ PHYSICIAN SKILL
36410	26	R	0.00	0.00	credit w/E&M	VP,AGE 3/,>,REQ PHYSICIAN SKILL
36410	32	R	0.00	0.00	credit w/E&M	VP,AGE 3/,>,REQ PHYSICIAN SKILL
36415	00	A	0.09	0.15	credit w/E&M	COLL VENOUS BLOOD VENIPUNCTURE
36416	00	A	0.09	0.15	credit w/E&M	CAPILLARY BLOOD DRAW
36425	00	R	0.76	0.98	credit w/E&M	ESTABLISH ACCESS TO VEIN
36425	26	R	0.00	0.00	credit w/E&M	ESTABLISH ACCESS TO VEIN
36425	32	R	0.00	0.00	credit w/E&M	ESTABLISH ACCESS TO VEIN
36488			Insertion of catheter, vein		credit w/E&M	deleted in 2004, not in CHCS list provided by HPA&E
36540	00	A	0.34	0.59	credit w/E&M	COLLECT BLOOD VENOUS DEVICE
36550	00	A	0.00	0.39	credit w/E&M	DECLOT VASCULAR DEVICE
36660	00	A	1.40	1.84	credit w/E&M	INSERTION CATHETER, ARTERY
38100	00	A	10.57	15.12	credit w/E&M	REMOVAL OF SPLEEN, TOTAL
38220	00	A	1.08	5.06	credit w/E&M	BONE MARROW ASPIRATION

43215	00	R	2.60	3.82	credit w/E&M	ESOPHAGUS ENDOSCOPY
43215	26	R	0.00	0.00	credit w/E&M	ESOPHAGUS ENDOSCOPY
43215	32	R	0.00	0.00	credit w/E&M	ESOPHAGUS ENDOSCOPY
43520	00	A	8.08	12.38	credit w/E&M	INCISION OF PYLORIC MUSCLE
43840	00	A	12.59	18.10	credit w/E&M	REPAIR OF STOMACH LESION
44050	00	A	11.35	16.21	credit w/E&M	REDUCE BOWEL OBSTRUCTION
44141	00	A	15.78	24.00	credit w/E&M	PARTIAL REMOVAL OF COLON
44143	00	A	18.60	27.35	credit w/E&M	PARTIAL REMOVAL OF COLON
44150	00	A	19.37	29.22	credit w/E&M	REMOVAL OF COLON
44950	00	A	8.09	11.62	credit w/E&M	APPENDECTOMY
44960	00	A	9.98	14.34	credit w/E&M	APPENDECTOMY
44970	00	A	7.04	10.47	credit w/E&M	LAPAROSCOPY, APPENDECTOMY
46040	00	A	4.01	8.30	credit w/E&M	INCISION OF RECTAL ABSCESS
46083	00	A	1.12	3.12	credit w/E&M	INCISE EXTERNAL HEMORRHOID
46610	00	A	1.32	5.40	credit w/E&M	ANOSCOPY/REMOVE LESION
50360	00	A	26.13	39.21	credit w/E&M	TRANSPLANTATION OF KIDNEY
51701	00	A	0.50	2.14	credit w/E&M	INSERT BLADDER CATHETER
51702	00	A	0.50	2.84	credit w/E&M	INSERT TEMP BLADDER CATH
51798	00	A	0.00	0.36	credit w/E&M	US URINE CAPACITY MEASURE
54150	00	A	1.45	2.22	credit w/E&M	CIRCUMCISION
56405	00	A	1.15	2.22	credit w/E&M	I & D OF VULVA/PERINEUM
56420	00	A	1.11	2.94	credit w/E&M	DRAINAGE OF GLAND ABSCESS
58999	00	A	0.00	0.00	credit w/E&M	GENITAL SURGERY PROCEDURE
59000	00	R	1.30	3.40	credit w/E&M	AMNIOCENTESIS, DIAGNOSTIC
59000	26	R	0.00	0.00	credit w/E&M	AMNIOCENTESIS, DIAGNOSTIC

59000	32	R	0.00	0.00	credit w/E&M	AMNIOCENTESIS, DIAGNOSTIC
59050	00	A	0.89	1.25	credit w/E&M	FETAL MONITOR W/REPORT
59051	00	A	0.74	1.04	credit w/E&M	FETAL MONITOR/INTERPRET ONLY
59151	00	A	6.88	10.54	credit w/E&M	TREAT ECTOPIC PREGNANCY
59899	00	A	0.00	0.00	credit w/E&M	MATERNITY CARE PROCEDURE
61107	00	A	4.99	8.31	credit w/E&M	DRILL SKULL FOR IMPLANTATION
61154	00	A	11.38	18.60	credit w/E&M	PIERCE SKULL & REMOVE CLOT
61312	00	A	18.64	30.10	credit w/E&M	OPEN SKULL FOR DRAINAGE
62230	00	A	8.00	12.94	credit w/E&M	REPLACE/REVISE BRAIN SHUNT
62270	00	R	1.13	4.21	credit w/E&M	SPINAL FLUID TAP, DIAGNOSTIC
62270	26	R	0.00	0.00	credit w/E&M	SPINAL FLUID TAP, DIAGNOSTIC
62270	32	R	0.00	0.00	credit w/E&M	SPINAL FLUID TAP, DIAGNOSTIC
65205	00	A	0.71	1.31	credit w/E&M	REMOVE FOREIGN BODY FROM EYE
65220	00	A	0.71	1.31	credit w/E&M	REMOVE FOREIGN BODY FROM EYE
66999	00	A	0.00	0.00	credit w/E&M	EYE SURGERY PROCEDURE
67005	00	A	3.98	7.05	credit w/E&M	PARTIAL REMOVAL OF EYE FLUID
67010	00	A	4.80	8.25	credit w/E&M	PARTIAL REMOVAL OF EYE FLUID
67141	00	A	3.63	8.70	credit w/E&M	TREATMENT OF RETINA
67145	00	A	3.75	7.78	credit w/E&M	TREATMENT OF RETINA
67220	00	A	9.18	16.07	credit w/E&M	DESTRCT;PHOTOCOAGLAT,1 OR>SESS
67500	00	A	0.79	1.61	credit w/E&M	INJECT/TREAT EYE SOCKET
69000	00	A	1.16	3.52	credit w/E&M	DRAIN EXTERNAL EAR LESION
69200	00	A	0.77	3.10	credit w/E&M	CLEAR OUTER EAR CANAL